APPLICATION FOR MEMBERSHIP  
Sons of The American Legion  
Date______________  

Detachment of__________________________  Squadron No.__________________________  Birth Date_________________

Name_____________________________________________  Recruited by___________________________________________
(First) (Initial) (Last)  (Initial) (Last)

Address__________________________________________________________
(Street)  (City)  (State)  (Zip)  (Telephone)

Veteran through whom eligibility is established______________________________________________________________
(a) Above is a member in good standing of Post No.___________________ Department of _____________________________
OR (b) Above is a deceased veteran who served honorably from _________ to ________________
(c) Relationship of Applicant to Veteran ________________________________________________________________

Has Applicant previously been a member of the SAL? _______________ Where? ____________________________
I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

Email Address__________________________________________  Transmit $_____
Signed_____________________________________________  Eligibility certified by _________________________________
By Applicant or Parent)

Online version (2012)